

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395171	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/30/2024
NAME OF PROVIDER OR SUPPLIER  Riverton Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  803 North Wahneta St Allentown, PA 18103	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48108</b></p> <p>Based on clinical record review, observation, and staff and resident interviews, it was determined that the facility failed to ensure that a call bell was answered in a timely manner for one of ten sampled residents. (Resident 6)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 6 had diagnoses that included heart disease, the presence of a left artificial hip and spinal stenosis. The Minimum Data Set assessment dated [DATE], revealed that the resident was not cognitively impaired, required assistance from staff with transfers and mobility, and was able to make her needs known. Review of Resident 6's care plan revealed that staff were to provide assistance with transfers and toileting. Observation on December 30, 2024, from 11:20 a.m. through 11:55 a.m. revealed that the resident had her call bell activated and was calling aloud for assistance while in the bathroom. Staff were observed at the nurses' station and in the hallways where the call signal could be clearly seen. Staff were observed walking by the resident's room, but no one answered the call bell or offered assistance to Resident 6. In an interview at 12:05 p.m., the resident was upset and stated call bells were often answered slowly.</p> <p>In an interview on December 30, 2024, at 1:15 p.m., the Nursing Home Administrator and Director of Nursing stated that call lights were expected to be answered promptly.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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